

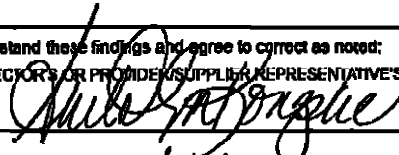
X2016-2373

PRINTED: 11/28/2016
FORM APPROVED

Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/10/2016
NAME OF PROVIDER OR SUPPLIER LOURDES COUNSELING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1175 CARONDELET DRIVE RICHLAND, WA 99352		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
L 000	INITIAL COMMENTS STATE LICENSING SURVEY A state hospital licensing survey was conducted at Lourdes Counseling Center on 11/9/2016 to 11/10/2016 by Joyce Williams, RN, BSN; and Alex Giel, EHS. ASE #EM5N11	L 000	1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies. 2. EACH plan of correction statement must include the following: The regulation number and/or the tag number; HOW the deficiency will be corrected; WHO is responsible for making the correction; WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and WHEN the correction will be completed. 3. Your PLANS OF CORRECTION must be returned within 10 calendar days from the date you receive the Statement of Deficiencies. Your Plans of Correction must be postmarked by December 16, 2016. 4. Return the ORIGINAL REPORT with the required signatures.		
L 720	322-100.1G INFECT CONTROL-PRECAUTION WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (g) Identifying specific precautions to prevent transmission of infections; This WAC is not met as evidenced by: Based on observation and review of hospital policies and procedures, the hospital failed to	L 720			

By signing, I understand these findings and agree to correct as noted:
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Director, Risk

DATE
12/19/16

STATE FORM

021105

EM5N11

If continuation sheet 1 of 4

POC 12/20/2016 reviewed J Williams
1/9/2017 Reviewed & approved J Williams
POC

Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/10/2016
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L 720	<p>Continued From Page 1</p> <p>ensure that staff members performed specific precautions to prevent transmission of infections.</p> <p>Failure to perform take appropriate infection control precautions places patients at risk for infection.</p> <p>Findings:</p> <p>#1- Hand Hygiene</p> <p>1. The hospital's policy and procedure entitled, "Hand Hygiene Guidelines" (Policy #H-3) read in part: "Alcohol based hand gel indications: . . . After direct contact with patients or their environment."</p> <p>2. On 11/09/2016 at 2:00 PM, Surveyor #1 observed a medication administration in the medication room at the nurse's station. The registered nurse (Staff Member #1) handed a patient their medication and drinking water in a paper cup. When the patient finished taking medication, s/he handed the paper drinking cup back to the registered nurse who disposed of the cup. Without performing hand hygiene, the nurse proceeded to prepare medications and pour drinking water for the next patient.</p> <p>#2 - Cleaning and Decontamination of Patient Care Equipment</p> <p>1. The hospital's policy and procedure entitled, "Cleaning and Decontamination of Patient Care Equipment" (Policy # D-2) read in part: "1. Equipment used for patient care shall be cleaned and disinfected with a hospital approved disinfectant: . . .between each patient use."</p> <p>2. On 11/10/2016 at 9:00 AM, Surveyor #1 observed a registered nurse (Staff Member #2)</p>	L 720			

By signing, I understand these findings and agree to correct as noted:

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021100

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If continuation sheet 2 of 4

[Signature] 12/19/16

Washington State Department of Health

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L 720	Continued From Page 2 use a small medication tray to transport medication to a patient's room from the main medication room at the nurse's station. The nurse did not clean or disinfect the tray prior to leaving the patient's room and returning the tray to the medication room.	L 720			
L 880	322-140.11 ROOM FURNISHINGS WAC 246-322-140 Patient living areas. The licensee shall: (1) Provide patient sleeping rooms with: (i) Sufficient room furnishings maintained in safe and clean condition including: (i) A bed for each patient at least thirty-six inches wide or appropriate to the special needs and size of the patient; (ii) A cleanable, firm mattress; and (iii) A cleanable or disposable pillow; This WAC is not met as evidenced by: Based on observation, and document review, the hospital failed to provide an environment that was conducive to the safety of its psychiatric patient population. Failure to provide a safe environment places patients at risk of harm to self in the facility. Reference: VA National Center for Patient Safety Mental Health Environment of Care Checklist under "General Criteria" stated, "Furniture should not have anchor points for hanging, or floor guards that can be removed by patients and used as a weapon or for self-harm." Findings	L 880			

By signing, I understand these findings and agree to correct as noted:

STATE FORM

[Signature]
EM5N11

12/19/16

If continuation sheet 3 of 4

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L 880	Continued From Page 3 On 11/9/2016 at 2:00 PM Surveyor #2 observed that the inpatient sleeping quarters are provided with desks that have a pre-cut hole approximately 2-3 inches in length on the surface of the desk. The holes in the desk are presumed as an option to attach a hutch to the desk. The holes on the surface of the desk pose a potential anchor point for hanging.	L 880			
L1485	322-230.1 FOOD SERVICE REGS WAC 246-322-230 Food and Dietary Services. The licensee shall: (1) Comply with chapters 246-215 and 246-217 WAC, food service; This WAC is not met as evidenced by: Based on observation, the hospital staff failed to implement policies and procedures consistent with the Washington State Retail Food Code, WAC 246-215. Failure to provide smooth, cleaning surfaces increases the risk of vector infestation. Findings: On 11/9/16 at 10:00 AM Surveyor #2 observed carpet in the food storage room. Reference: 246-215-06200 Cleanability - Floors, walls and ceilings (2009 FDA Food Code 6-201.11)	L1485			

By signing, I understand these findings and agree to correct as noted:

STATE FORM

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If continuation sheet 4 of 4